

LAND-DISTURBING PERMIT GILMER COUNTY, GEORGIA

Date _____

Applicant _____ Phone: () _____
Address _____ City _____ State _____ Zip _____

Landowner (If Not Applicant) _____ Phone: () _____
Address _____ City _____ State _____ Zip _____

Project Description _____
Project Conducted By _____

Directions _____

Tax Assessors Map Code Number _____

*** This Permit Is Valid For Two (2) Years from Date Of Issuance**

I HEREBY CERTIFY THAT I FULLY UNDERSTAND THE PROVISIONS OF THE GILMER COUNTY EROSION AND SEDIMENT CONTROL ORDINANCE, AND THAT I ACCEPT FULL RESPONSIBILITY FOR CARRYING OUT ALL PRACTICES OUTLINED IN THE ORDINANCE AND FURTHER RECOGNIZE THAT I AM SUBJECT TO POSSIBLE PENALTIES SETFORTH IN THE ORDINANCE FOR ANY VIOLATION.

I FURTHER GRANT THE RIGHT-OF-ENTRY ONTO THIS PROPERTY, AS DESCRIBED ABOVE, TO THE DESIGNATED PERSONNEL OF GILMER COUNTY FOR THE PURPOSE OF INSPECTING AND MONITORING FOR COMPLIANCE WITH THE AFORESAID ORDINANCE.

GRADING, FILLING, DIGGING, CUTTING, LANDSCAPING OR OTHER CONSTRUCTION ACTIVITIES ON A LOT PRIOR TO GETTING APPROVAL FROM THE ENVIRONMENTAL HEALTH OFFICE MAY RESULT YOUR LOT BECOMING UNSUITABLE FOR A SEPTIC SYSTEM AND FINES UP TO TWICE THE USUAL SEPTIC PERMIT FEES.

I HEREBY APPLY FOR A PERMIT TO DO THE WORK STATED ABOVE, AND ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT.

Signature of Property Owner / Date

OR

Signature of Agent/Contractor / Date